

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1380 (For use with Form PTO/SB/08)						Application Number 10784888		Filing Date		
						Applicant(s)				
						* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
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Total Indep	3		4							
Total Depend	21		23							
Total Claims	24		27							

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